

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/30/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345371	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/04/2014
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-TRENT			STREET ADDRESS, CITY, STATE, ZIP CODE 836 HOSPITAL DRIVE NEW BERN, NC 28560		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 279 SS=D	<p>No deficiencies were cited as a result of the complaint investigation survey of 12/04/14. Event ID# U3YJ11.</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: The facility failed to develop a comprehensive care plan for one of two residents sampled for contractures (Res. #13). The investigation included observation, interview, and record review. Findings included:</p>	F 279	Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal	1/1/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/22/2014

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 279	<p>Continued From page 1</p> <p>Resident #13 was admitted 8/28/14 with diagnoses of dementia, arthritis, and right hand contracture.</p> <p>The admission Minimum Data Set (MDS) dated 9/4/14 noted Resident #13 was severely impaired for cognition, and needed extensive to total assistance for all Activities of Daily Living (ADLs), with the physical assistance of one person. The MDS also noted limited function in the upper extremity of one side.</p> <p>A review of Resident #13 ' s care plan revealed no focus, goal, or interventions for a hand contracture.</p> <p>An observation on 12/2/14 at 10:30 AM noted that Resident #13 had a contracture of his right hand. There was no splint on the Resident ' s hand, or on the bed, bedside table or over bed table.</p> <p>On 12/2/14 at 3:43PM, in an interview, Nurse #1 stated that Resident #13 did have a contracture of the right hand, and did not have a splint device or receive range of motion for his hand contracture.</p> <p>On 12/3/14 a review of therapy notes revealed an assessment dated 12/2/14 that Resident #13 should have a washcloth roll in the right hand.</p> <p>In an interview on 12/3/14 at 10:46 AM, the Director of Nursing (DON) stated that she would get Physical Therapy to evaluate Resident #13.</p> <p>On 12/3/14 at 11:30 AM there was an observation of the Physical Therapist putting a carrot type device in Resident #13 ' s contracted hand. The Therapist stated that the hand had one fingernail</p>	F 279	<p>and state law require it.</p> <p>F279</p> <p>Immediate corrective action taken for this alleged deficient practice includes:</p> <ol style="list-style-type: none"> 1. Resident #13 was assessed by RN unit manager and RN nursing staff for contracture. Care plan was updated and a referral made to therapy. <p>The facility acknowledges that other residents have the potential to be affected by the alleged deficient practice. Measures put in to place to assure the alleged deficient practice does not recur includes</p> <ol style="list-style-type: none"> 2. A complete resident audit was conducted by the Director of Nursing, Assistant Director of Nursing and RN Nurse Managers of all residents with contractures to assure that appropriate treatment and services are provided. Care plans were updated and therapy referrals were made if indicated. MDS was reviewed for residents with Contractures to ensure accuracy. <p>Measures put into place to assure that the alleged deficient practice does not recur include:</p> <ol style="list-style-type: none"> 3. Education began on Dec. 9, 2014 by the Director of Nursing and Clinical Educator for all licensed nurses on updating care plans. Education was begun on Dec 3, 2014 by 		

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F 318	<p>Continued From page 3</p> <p>The investigation included observation, interview, and record review.</p> <p>Findings included:</p> <p>Resident #13 was admitted 8/28/14 with diagnoses of dementia, arthritis, and right hand contracture.</p> <p>The admission Minimum Data Set (MDS) dated 9/4/14 noted Resident #13 was severely impaired for cognition, and needed extensive to total assistance for all Activities of Daily Living (ADLs), with the physical assistance of one person. The MDS also noted limited function in the upper extremity of one side.</p> <p>A review of Resident #13 ' s care plan revealed no focus, goal, or interventions for a hand contracture.</p> <p>On 12/1/14 at 3:00 PM an observation was made of Resident #13 in bed. At that time a contracture of his hand was noted, and no splint device was in place.</p> <p>An observation on 12/2/14 at 10:30 AM noted that Resident #13 had a contracture of his right hand. There was no splint on the Resident ' s hand, or on the bed, bedside table or over bed table.</p> <p>On 12/2/14 at 3:43PM, in an interview, Nurse #1 stated that Resident #13 did have a contracture of the right hand, and did not have a splint device or receive range of motion for his hand contracture.</p> <p>On 12/3/14 at 10:46 AM, in an interview, the Director of Nursing (DON) stated that Physical Therapy would evaluate Resident #13.</p>	F 318	<p>alleged deficient practice includes:</p> <ol style="list-style-type: none"> Resident #13 was assessed RN unit manager and RN nursing staff for contracture. Care plan was updated accordingly by RN nursing staff. Occupational therapy services consulted for evaluation and treatment as needed. OT provided contracture management as needed to prevent decline in range of motion. <p>The facility acknowledges that other residents have the potential to be affected by the alleged deficient practice. Measures put in to place to assure the alleged deficient practice does not recur include:</p> <ol style="list-style-type: none"> Director of Health Services and Assistant Director of Health Service and Clinical Competency Coordinator will evaluate each patient with potential for contractures weekly for 4 weeks and monthly thereafter. Residents identified with a decrease in range of motion will be referred to therapy services for evaluation and treatment. <p>Measures put into place to assure that the alleged deficient practice does not recur include:</p> <ol style="list-style-type: none"> The interdisciplinary team will monitor the Comprehensive and Quarterly MDS <input type="checkbox"/>s for a decrease in functional limitations. The Case Mix Director will update the patient care plan and review with Interdisciplinary Team. 		

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F 318	Continued From page 4 On 12/3/14 a review of the therapy notes revealed an assessment dated 12/2/14 that Resident #13 would have a hand roll for the contracture. On 12/3/14 at 11:30 AM, an observation was made of the Physical Therapist placing a carrot type device in the contracture.	F 318	Findings and interventions put in place on weekly and monthly audits will be reported in QA Meetings for review of any additional services needed. Monitoring put in place to assure the alleged deficient practice does not recur includes: 4. Results of the tracking and trending from the monitoring will be reported to the QAPI committee by the DHS for recommendations and suggestions for change to ensure continued compliance.		